MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11116

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 11116

Township ..... Primary Registration District No. 1003 ..... Registered No. 2945

City St. Louis (No. City Hospital ..... St. ..... Ward)

14682

2. FULL NAME Joseph Cunningham

(a) Residence. No. 1305 N Jefferson St. 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie Cunningham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 4 1877

7. AGE: Years 50 | Months 10 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Geo Cunningham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

12. MAIDEN NAME OF MOTHER: Mary Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Hospital Information
(Address): C Rowan City Hospital

15. FILED MAR 16 1923 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1928, to March 15, 1928 that I last saw him alive on March 15, 1928 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

51A
46E
92

Carcinoma of the left Kidney & Liver - (malignant)

Secondary (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2 Hemorrhage into peritoneal cavity 3 Chronic Cardiac Valvular Disease (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Reuben M Smith M D, M. D

3/15, 1928 (Address) City Hospital

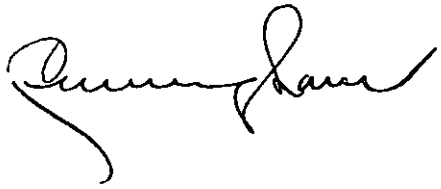
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hardin Ills

DATE OF BURIAL: 3-17 1928

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Warwick

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.